

## ENTRY BLANK

15L

PLEASE TYPE OR PRINT

Entered previous May Show

yes  no

DO NOT DETACH

 Ms. Mr. ArtistBRENDA L. LEWISON

(Last Name Last)

Permanent

Address

Street

City

44236

Tel. ( )

653-2258

Zip

Area Code

Temporary or  
Studio Address

Street

City

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

- Artist will pick up at Museum.
- Museum should dispose of.
- Museum should ship to artist C.O.D. at this address:  
\_\_\_\_\_  
\_\_\_\_\_

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Brenda L. Lewison

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Brenda L. Lewison

DO NOT DETACH

## ENTRY BLANKS

**1**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Materials

**THE ARCADE #1**

Title

Price or NFS	Insurance Value if NFS Only	Size
\$75		5x7

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
10	25	\$50	\$25
DO NOT WRITE IN THIS SECTION			ACCEPTED
REJECTED	42 (3)	REJECTED	

**2**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Materials

DETACH

**THE ARCADE #2**

Title

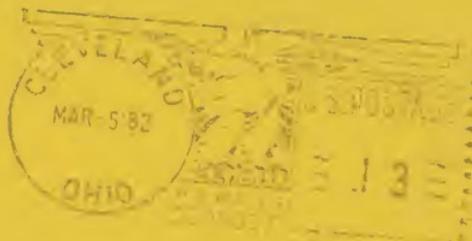
Price or NFS	Insurance Value If NFS Only	Size
\$75		5x7

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
10	25	\$50	\$25
ACCEPTED	DO NOT WRITE IN THIS SECTION		
REJECTED	REJECTED	RECEIVED	DATE 2-24

1982 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106



BRENDA L. LEWISON

Name

7330 VALLEY VIEW RD.

Address

HUDSON, OHIO 44236

City & State

Zip

## NOTIFICATION #1

DO NOT  
DETACH**1**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Title

*THE ARCADE #1*

ACCEPTED	REJECTED

**2**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Title

*THE ARCADE #2*

ACCEPTED	REJECTED

DO NOT DETACH

DO NOT DETACH

1982 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

BRENDA L. LEWISON

Name

7330 VALLEY VIEW RD.

Address

HUDSON OHIO 44236

City & State

Zip

## NOTIFICATION #2

DO NOT  
DETACH**1**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Title

*THE ARCADE #1*

DO NOT WRITE IN THIS SECTION

42 (3)

ACCEPTED

REJECTED

**2**

1. Paintings     2. Graphics     3. Photography  
 4. Sculpture     5. Crafts

Title

*THE ARCADE #2*

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

This is your only receipt to claim your object(s).

*Brenda L. Lewison*

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.